



# *McMillen High School Dazzlers*

## *Holiday Dance Clinic 2018*

- ★ **When:** Saturday, December 1st, 9:00 am-12:00 pm (Check-in begins at 8:30 am)
- ★ **Where:** McMillen High School Gyms (Check-in station will be set up in the main hallway.)
- ★ **Ages:** Kindergarten through 9th grade (will be divided by grade for routines)
- ★ **Cost:** \$30.00 per participant if pre-registered by **Thursday, November 15th, 2018**
  - **After November 15th**-\$40.00 CASH ONLY at the door on the day of the clinic (December 1)
  - **Cost Includes:** Clinic T-Shirt, Group Photo, Refreshments, Dazzlers Dance/Kick Technique, Holiday Dance Routine, and Final Performance at noon!

\*\*\*To ensure correct T-Shirt size, you must **Pre-Register!**\*\*\*

(PRE-REGISTRATION OFFICIALLY OPENS ON SEPTEMBER 1, 2018!)

\*\*\*Only limited sizes and quantities of t-shirts are available at the door during walk-in registration.\*\*\*

### Schedule:

- ★ **8:30-9:00 am:** Pre-registered check in and walk-in registration begins! (Enter MHS main front doors, Dazzlers will be there to greet and direct you)
  - **At check-in, all participants will receive their t-shirt to wear for the duration of the clinic. Please be prepared to put the clinic t-shirt on over the arrival outfit.**
- ★ **9:00 am-9:15 am:** Divide into groups and warm-up/play games
- ★ **9:15 am-10:30 am:** Dance/Kick Technique, Learn Holiday Dance Routine for Performance
- ★ **10:30 am-11:00 am:** Break/Refreshments/Review Sessions by group
- ★ **11:45 am:** Prepare for Performances
- ★ **11:55 am:** Competition Gym doors open to Spectators
- ★ **12:00 pm:** Clinic Performance! (Cameras welcome!)
- ★ **12:15 pm:** Departure - have a great holiday!

### What to wear/bring:

- ★ Comfortable dance clothing and sneakers or dance shoes of choice. (**No** hard soles, socks, or bare feet)
- ★ A full water bottle!
- ★ Absolutely **NO** gum, jewelry, or outside food, please.

### NEW FOR 2018!

- ★ The Dazzlers Booster Club will be hosting a craft fair at McMillen High School before, during, and after the clinic! Stop by to grab some holiday gifts and goodies! Cash and credit cards accepted.

### How to Register:

- ★ Complete the **registration and liability form** on the back of this paper.
- ★ Mail-in or drop off form at McMillen High School by **Thursday, November 15th**- do not forget to include cash or check to **Plano ISD**. Checks must include name and student ID number (if applicable) and may be returned if the check date does **not** match the day that the check is turned in.
- ★ Registration Forms lacking payment and liability release will **NOT** be processed.
- ★ Please write legibly so that we may contact you in the event of a question or an emergency.
- ★ **ALL SALES ARE FINAL.** If your child has registered but cannot attend the clinic, you can pick up their labeled t-shirt in the front office of McMillen High School from Monday, December 5th through Friday, December 9th.

Any Questions? Email Dazzlers Director, Cortney Davis, [cortney.davis@psd.edu](mailto:cortney.davis@psd.edu) or call 469-752-8600

MHS Dazzlers Dance Clinic 2018 Registration Form

\*\*\*Mail or drop off this form with your check or cash by Thursday, November 15th\*\*\*

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School \_\_\_\_\_

T-Shirt Size (circle one) Youth: YS YM YL Adult: S M L XL

Parent/Guardian Name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Allergies/Medication: \_\_\_\_\_

Did a Dazzler tell you about our clinic? If so, please write their name: \_\_\_\_\_

Payment Method: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

ALL Checks should be made payable to: Plano ISD (If current PISD student, include name and student ID # on memo line)

The date on the check must match the date the check is turned in - we cannot accept past or future dated checks.

REGISTRATION WILL NOT BE PROCESSED UNTIL A COMPLETED LIABILITY FORM AND PAYMENT ARE RECEIVED. THANK YOU!!!

Mail-In Form: McMillen High School, 750 N. Murphy Road, Murphy TX 75094 Attn: Cortney Davis

Drop-Off Form: McMillen High School— give to receptionist at Front Desk for Davis box (Mon-Fri 8:30 am-4:30 pm)

Plano Independent School District

Release of Liability for Participation in MHS Dazzlers Dance Clinic 2018

Carefully read this release. It includes a release of claims against Plano Independent School District and its employees, agents and volunteers, (cumulatively the "District") including a release of claims caused by the negligence or strict products liability of the District. In consideration of my or my child's participation in the MHS Dazzlers Dance Clinic 2018 (the "Program"), on behalf of myself and, if applicable, my child, I release and agree to defend, indemnify, and hold harmless the District for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, my participation in the Program.

This release is to be construed as broadly as possible. It includes a release of claims against the District for their, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), resulting from, relating to, or arising out of participation, directly or indirectly, as an active participant or as a spectator, or in any other capacity.

I understand the products, services and facilities are made available to me on an "as-is" basis. I acknowledge the District makes no warranties, implied or express, relating to the services, facilities and products, including but not limited to those regarding: merchantability; fitness for a particular purpose; performance in a good and workmanlike manner; or otherwise.

I understand the Program involves serious health risks and a danger of accidents, including the possibility of death. Knowing this I assume any risks. I authorize the District, volunteers, instructors, District employees, agents and/or representatives, as my Agents, to consent to Medical, Surgical, and/or Dental examination, and to any and all other Treatments deemed necessary by medical personnel.

I agree pictures taken during program hours may be used for future promotional purposes. I understand the District might not provide health and/or accident insurance for participants.

The District reserves the right to discontinue a participant's program at any time for any reason. I have read the information in full, and to the best of my ability understand the information above. I warrant by my signature my authority to sign this release. I agree to indemnify and defend the District against claims I am not authorized to legally bind the individual named herein to this agreement.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, DO or DO NOT (circle one) give permission to the MHS Dazzlers to use my child's photo in advertising material.

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_